

ORIGINAL

CV 17-5546

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

MAUSKOPF, J.

Patrice / Portice Doreil

KUO, M.J.

Plaintiff,

CIVIL RIGHTS COMPLAINT
42 U.S.C. § 1983

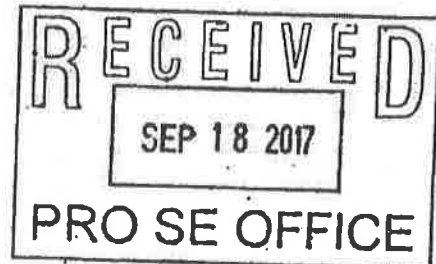
[Insert full name of plaintiff/prisoner]

JURY DEMAND

YES _____ NO _____

against

Rikers Island OBCC
Otis Bantum Correction
Center 16-00 Hazen St
East Elmhurst N.Y 11370



Defendant(s).

[Insert full name(s) of defendant(s). If you need additional space, please write "see attached" and insert a separate page with the full names of the additional defendants. The names listed above must be identical to those listed in Part I.]

- I. Parties: (In Item A below, place your name in the first blank and provide your present address and telephone number. Do the same for additional plaintiffs, if any.)

A. Name of plaintiff Doreil Patrice / Portice

If you are incarcerated, provide the name of the facility and address:

Ot's Bantum Correction center (OBCC)
16-00 Hazen St East Elmhurst N.Y 11370

Prisoner ID Number: 1411604132

If you are not incarcerated, provide your current address:

Telephone Number: _____

B. List all defendants. You must provide the full names of each defendant and the addresses at which each defendant may be served. The defendants listed here must match the defendants named in the caption on page 1.

Defendant No. 1

Full Name

Job Title

Address

Defendant No. 2

Full Name

Job Title

Address

Defendant No. 3

Full Name

Job Title

Lewis # 14994

Correction officers

16-00 Hazen st

East Elmhurst N.Y 11370

Rickers Island OBCC

16-00 Hazen st

East Elmhurst N.Y 11370

Special search team

Correction officers

16-00 Hazen st

East Elmhurst N.Y 11370
 Address

Defendant No. 4

Full Name

Job Title

Address

Defendant No. 5

Full Name

Job Title

Address

II. Statement of Claim:

(State briefly and concisely, the facts of your case. Include the date(s) of the event(s) alleged as well as the location where the events occurred. Include the names of each defendant and state how each person named was involved in the event you are claiming violated your rights. You need not give any legal arguments or cite to cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. You may use additional 8 1/2 by 11 sheets of paper as necessary.)

① Where did the events giving rise to your claim(s) occur? 4, 5, 6 Lower Corridor
and at 6 Lower Bathroom

② When did the events happen? (Include approximate time and date) 5/19/2016
at 10:00 / 8/17/17 at 9:00 in the morning.

Facts: (what happened?) ⁽³⁾ On May 19, 2016 of Ficer Lewis #14994 on the corridor on my way to law library, she ordered for me to take off my religious cap which at the time I complied and she took it away from me. ⁽⁴⁾ She gave me a property receipt #152-4950/10 ⁽⁵⁾ I explained to her that Cap was part of my religion which is no different from Muslims Kufi or Jewish yamakah.

⁽⁶⁾ On August 17, 2017 the special search team officers took me to the Bathroom for a strip search and asked me to take my Bracelet off. I told them it was religious articles and I also do not consent on taking it off. ⁽⁸⁾ They told me they do not recognize Rastafarian as a religion. ⁽⁹⁾ They hand cuff me, push me to the wall and Brutally, forcibly take the bracelet of my hand. ⁽¹⁰⁾ I shall not be treated different because of my religion, race, cult.

⁽¹¹⁾ Amendment I, Universal Declaration of human rights Article 2, 18. OBCC Rules Book, chapter 1 title 40 §1-07 (A) Policy (B) exercises of Religious beliefs, (G) Religious articles.

II.A. Injuries. If you are claiming injuries as a result of the events you are complaining about, describe your injuries and state what medical treatment you required. Was medical treatment received?

I am scared for my life while being incarcerated at Rikers Island. I feel like I am under pressure, deprivation of rights, under color of law, very stressful. I feel humiliated by the department of corrections.


III. Relief: State what relief you are seeking if you prevail on your complaint.

I am seeking for equal rights as Rastafarian. A Redress for discriminating my culture, a relief from oppression and depression. The department of D.A.C needs to recognize Rastafarian which is no difference from Christianity, Muslim, Judaism.

I declare under penalty of perjury that on 09/05/17 I delivered this
(date)
complaint to prison authorities at Rikers Island BCC to be mailed to the United
(name of prison)
States District Court for the Eastern District of New York.

I declare under penalty of perjury that the foregoing is true and correct.

Dated: 09/05/17


Signature of Plaintiff

OTIS Bantam Correction Center
Name of Prison Facility or Address if not incarcerated

16-00 Hazen St East
Elmhurst N.Y 11370

Address

1411604132
Prisoner ID#

IN CLERK'S OFFICE
US DISTRICT COURT E.D.N.Y.

★ SEP 18 2017 ★

Attachment B

Form: # 7101R, Eff.: 09/10/12, Ref.: Dir. #3376 - page 1

EXHIBIT
A

City of New York DEPARTMENT OF CORRECTION

INMATE GRIEVANCE AND
REQUEST PROGRAM STATEMENT FORM

Inmate's Name:	Book & Case #:	NYSD # (optional):	
Doreal Partice	14H 604132	12116252L	
Facility:	Housing Area:	Date of Incident:	Date Submitted:
OBCC	6 Lower	8/17/17	8/17/17

All grievances and requests must be submitted within ten business days after the incident occurs, unless the incident is ongoing. The inmate filing the grievance or request must personally prepare this statement. Upon completion of this statement, the inmate must provide a copy of this form as a record of receipt to the IGRP staff. IGRP staff will stamp and issue a grievance request reference number. IGRP staff shall provide the inmate with a copy of this form as a record of receipt within two business days of receipt.

Request or Grievance:

On August 17, 2017 the special search team officers took me to the bathroom for a strip search and asked me to take my bracelet off. I told them it was religious articles and I also don't agree on taking it off. They told me they do not recognize Rastafarian as a religion. They hand cuff me, push me to the wall and forcibly take the bracelet off my hand. I don't think I shall be treated different because of my religion, race or culture. Rastafari Lion of Judah is my way of life.

Action Requested by Inmate

Religious cap to be returned to me, and the bracelet. This is the second religious articles the facility took from me. The first one was in 5/20/2016.

Please read below and check the correct box:

- Do you agree to have your statement edited for clarification by IGRP staff? ☐ Yes ☒ No
 Do you need the IGRP staff to write the grievance or request for you? ☐ Yes ☒ No
 Have you filed this grievance or request with a court or other agency? ☐ Yes ☒ No
 Did you require the assistance of an interpreter? ☐ Yes ☒ No

Inmate's Signature:

Date of Signature:

8/17/17

IGRP STAFF MUST PROVIDE A COPY OF THIS STATEMENT TO THE INMATE'S ATTORNEY AND A COPY TO THE INMATE'S CELL.

Time Stamp Below:	Grievance and Request Reference #:	Category:
Inmate Grievance and Request Program Staff's Signature:		

EXHIBIT B

Chapter 1 Title 40

§ 1-07

A) Policy.

Prisoners have an unrestricted right to hold any religious group or organization, as well as to refrain from the exercise of any religious beliefs.

B) exercises of religious beliefs

(1) Prisoners are entitled to exercise their religious beliefs in any manner that does not constitute a clear and present danger to the safety or security of a facility.

C) Religious articles

Consistent with the requirements of Paragraph (b)(1) of this section, prisoners shall be entitled to wear and to possess religious medals or other religious articles including clothing and hats.

Taking any religious articles from me and confiscated as contraband is violating the 1st Amendment of the Constitution. This is the second religious articles the facility took from me.

Property Receipt

A N^o 1405436 17
year

Date 8/17/17

☐ NYSID # _____
☐ Book and Case # 141204132
☐ Sentence # _____

CONTROL/CUFFLOCK# _____

WHERE WAS PROPERTY TAKEN: <input type="checkbox"/> Admission <input checked="" type="checkbox"/> Housing Area - Specify: <u>Glouster</u> <input type="checkbox"/> Other - Specify: _____ Was this property taken on a search: <input type="checkbox"/> Yes / <input type="checkbox"/> No										
I. Personal Items			II. Clothing			III. Jewelry				
No.	Articles		No.	Articles	Color	No.	Article	Description		
	Radio			Coat/Jacket				Y	W	CS
	Personal papers			Pants			Tooth Cap			
	Pocketbook			Belts			Neck Chain			
	Gloves			Shoes/Sneaker			Earring			
	Glasses			Shirt/Blouse			Charm			
	Wig			Skirt			Bracelet			
	Wallet			Boots			Watch			
	Keys			Hat			Ring			
Identification: <input type="checkbox"/> Yes <input type="checkbox"/> No			On Person <input type="checkbox"/> Yes <input type="checkbox"/> No			Same Name? <input type="checkbox"/> Yes <input type="checkbox"/> No			IV. Miscellaneous	
U.S. Passport Green Card Driver's License Other Government-issued photo ID Birth Certificate Social Security Card Other:						**Please Note: Description Color: Y-Yellow Metal W-White Metal CS-Color of Stone			No. Article 1 Black shorts 1 Nike Shoes 1 Bracket	
						INSTRUCTIONS 1. If you receive more than one (1) item on a line, (e.g., coat/jacket) circle appropriate item then enter the number.				
						<input type="checkbox"/> NO PROPERTY				

☒ It is not on the list of items which are permitted in this facility.

☐ The quantity is in excess of that allowed in this facility.

☐ It may create a health, safety or security hazard, and therefore, you are not permitted to have it in your possession.

☐ You have submitted the item to us voluntarily for safekeeping.

☐ Other _____

Print Name _____

Time

SEE APPEAL AND DISPOSAL PROVISIONS ON OTHER SIDE.

White - Inmate Copy **Yellow** - Duplicate (TO BE SECURED WITH PROPERTY)
Green - Inmate Legal Folder **Blue** - Discharge Planning Center (UPON CITY SENTENCING)

Attachment B

Form: # 7101R, Eff.: 09/10/12, Ref.: Dir. #3376 - page 1



City of New York - Department of Correction

INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name: Doreil, Martice	Book & Case #: 141.16.04132	NYSID # (optional): 12116252L	
Facility: OBCC	Housing Area: 1 upper	Date of Incident: 5/19/2016	Date Submitted: 5/20/2016

All grievances and requests must be submitted within ten business days after the incident occurred, unless the condition or issue is ongoing. The inmate filing the grievance or request must personally prepare this statement. Upon collection by Inmate Grievance and Request Program (IGRP) staff, IGRP staff will time-stamp and issue it a grievance/request reference number. IGRP staff shall provide the inmate with a copy of this form as a record of receipt within two business days of receiving it.

Request or Grievance:

On May 19, 2016 officer Lewis #14494 on the corridor on my way to the library she ordered me to take off my religious cap with at that time. I complied and she took it away from me. She gave me a property receipt #1524950/16. I explain to her that cap was part of my religion. With is no different from (Muslim's kafi) and or Jewish Yamakah. Violating the rules of the city of New York Chapter 24 title 40 § 1-07 A, B1, G (See attached page #2)

Action Requested by Inmate

me. Religious cap to be returned to

Please read below and check the correct box

Do you agree to have your statement edited for clarification by IGRP staff?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Do you need the IGRP staff to write the grievance or request for you?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Have you filed this grievance or request with a court or other agency?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Did you require the assistance of an interpreter?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Inmate's Signature:

[Signature]

Date of Signature:

5/20/2016

For DOC Office Use Only
IGRP RETAINS THE DOUBLE-SIDED ORIGINAL FOR ADMINISTRATIVE RECORDS.
IGRP MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.

Time Stamp Below:

Grievance and Request Reference #:

OB-469/2016

Category:

G-2 Property

Inmate Grievance and Request Program Staff's Signature:

[Signature]

2016 MAY 23 A 8:08

EXHIBIT
D

Page 2

EXHIBIT
E

Chapter 1 title 40

§ 1-07

(A) Policy.

Prisoners have an unrestricted right to hold any religious group or organization, as well as to refrain from the exercise of any religious beliefs.

(B) exercises of religious beliefs

(1) Prisoners are entitled to exercise their religious beliefs in any manner that does not constitute a clear and present danger to the safety or security of a facility.

(G) Religious articles

Consistent with the requirements of paragraph (b)(1) of this section, prisoners shall be entitled to wear and to possess religious medals or other religious articles including clothing and hats.

Form 111RB 2/04

Property Receipt/City of New York Department of Correction

EXHIBIT
F

Inmate Dorell Porter

Property Receipt

A No 1524950 16 year

Institution OBIC

Date 5-18-16

- ☐ NYSID # 1211 2571
☐ Book and Case # 111604132
☐ Sentence # _____

CONTROL/CUFFLOCK# _____

WHERE WAS PROPERTY TAKEN:

- ☐ Admission ☒ Housing Area - Specify: _____ ☐ Other - Specify: _____
Was this property taken on a search: ☐ Yes / ☐ No

I. Personal Items		II. Clothing		III. Jewelry		
No.	Articles	No.	Articles	Color	No.	Description
	Radio		Coat/Jacket			
	Personal papers		Pants			Y W CS
	Pocketbook		Belts			Tooth Cap
	Gloves		Shoes/Sneaker			Neck Chain
	Glasses		Shirt/Blouse			Earring
	Wig		Skirt			Charm
	Wallet		Boots			Bracelet
	Keys		Hat			Watch
						Ring

Identification: <input type="checkbox"/> Yes <input type="checkbox"/> No		Same Name? Y N		**Please Note: Description Color: Y-Yellow Metal W-White Metal CS-Color of Stone	IV. Miscellaneous	
On Person			No.		Article	
U.S. Passport						
Green Card						
Driver's License						
Other Government-issued photo ID						
Birth Certificate						
Social Security Card						
Other:						

INSTRUCTIONS
1. If you receive more than one (1) item on a line, (e.g., coat/jacket) circle appropriate item then enter the number.

☐ NO PROPERTY

The above item(s) has been received from you because:

- ☒ It is not on the list of items which are permitted in this facility
☐ The quantity is in excess of that allowed in this facility.
☐ It may create a health, safety or security hazard, and therefore, you are not permitted to have it in your possession.
☐ You have submitted the item to us voluntarily for safekeeping.
☐ Other _____

Signature of person taking property [Signature] Shield ID # [Signature] Print Name LEWIS
Signature of Inmate _____ Date _____ Time _____

SEE APPEAL AND DISPOSAL PROVISIONS ON OTHER SIDE.

Distribution:

- White - Inmate Copy Yellow - Duplicate (TO BE SECURED WITH PROPERTY)
Green - Inmate Legal Folder Blue - Discharge Planning Center (UPON CITY SENTENCING)



	CITY OF NEW YORK - DEPARTMENT OF CORRECTION		
INMATE GRIEVANCE AND REQUEST PROGRAM		Form: # 7102R Eff.: 09/10/12 Ref.: Dir. #3376	
DISPOSITION FORM		Attachment - C	

EXHIBIT G

If this is a submission not subject to IGRP process, DOC Grievance Supervisor must choose its category and write down the next steps for the inmate.

<input type="checkbox"/> Staff-on-inmate non-sexual assault (use of force) allegation <input type="checkbox"/> Staff-on-inmate sexual assault/abuse allegation <input type="checkbox"/> Staff-on-inmate non-sexual harassment <input type="checkbox"/> Inmate-on-inmate non-sexual assault allegation <input type="checkbox"/> Inmate-on-inmate sexual assault/abuse allegation <input type="checkbox"/> Inmate-on-inmate non-sexual harassment allegation <input type="checkbox"/> Status as an intended contraband recipient, enhanced restraint, Red ID, or centrally monitored case inmate	<input type="checkbox"/> Medical staff, e.g., complaints regarding quality of care, request for second medical opinion <input type="checkbox"/> Mental health staff, e.g., complaints regarding quality of care, request for second medical opinion <input type="checkbox"/> Request for protective custody (fear for safety) <input type="checkbox"/> Request for accommodation due to disability <input type="checkbox"/> Inmate disciplinary process and dispositions <input type="checkbox"/> Freedom of Information law request <input type="checkbox"/> Other
--	---

Next steps:		Date of Deadline for Status Update from Relevant Entity:	
Inmate's Signature:	Date:	Grievance Supervisor's Signature:	Date:

STEP 2: FORMAL HEARING OF INMATE GRIEVANCE RESOLUTION COMMITTEE

Formal Hearing Disposition: _____

Date returned to inmate: _____ IGRC Members Signatures: _____

Please decide within five business days of receipt whether to appeal (Check one box below.)

☐ Yes, I agree with the IGRC hearing disposition.

☐ No, I disagree with the IGRC hearing disposition and seek to appeal to the Commanding Officer.

Inmate's Signature:	Date:	Grievance Supervisor's Signature:	Date:
---------------------	-------	-----------------------------------	-------

STEP 3: APPEAL TO THE COMMANDING OFFICER

Grievance Supervisor must check only one box below.



☐ Grievance forwarded to the Commanding Officer for action upon IGRC recommendation.

☐ Grievance not forwarded to the Commanding Officer (explain): _____

Grievance Supervisor's Signature:	Date:
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EXHIBIT

H

	CITY OF NEW YORK - DEPARTMENT OF CORRECTION		
	INMATE GRIEVANCE AND REQUEST PROGRAM		
	GRIEVANCE AND REQUEST INVESTIGATION FORM		
Form: # 7115R Eff.: 09/10/12 Ref.: Dir. #3376			
Inmate's Name: Dorcil Partice	Book & Case #: 141-16-04132	NYSID #: 12116252L	
Grievance/Request Reference #: OB-469/2016	Facility: OBCC	Housing Area: 1 Upper	
Issue: Grievant reports as he traversed the corridor his religious head piece was confiscated as contraband.			
Action Requested: He would like his head piece returned to him.			
Person(s) Contacted:			
Statement(s) Provided:			
Related Documents:			
Conclusion: It is the determination of IGRP that this submission be modified. He will be provided with a property released form.			
It is the determination of IGRP that this submission be modified. He will be provided with a property released form and			
advised to submit it to Social Services.			
Completed by:			
Inmate Grievance Representative (Signature):		Date:	
Uniformed Staff Representative (Signature):		Shield:	Date:
Grievance Supervisor (Signature):		Date: 5/25/2016	

**CITY OF NEW YORK - DEPARTMENT OF CORRECTION****INMATE GRIEVANCE AND REQUEST PROGRAM**Form: # 7102R
Eff.: 09/10/12
Ref.: Dir. #3376**DISPOSITION FORM**Grievance/Request Reference #:
OB-469/2016Date Filed:
05/23/2016Facility:
OBCCTitle of Grievance or Request:
PropertyCategory:
G- #20

From IGRP Inmate Statement Form, print or type short description of request/grievance:

Grievant reports as he traversed the corridor his religious head piece was confiscated as contraband.

Action Requested by Inmate: He would like his head piece returned to him.

STEP 1: INFORMAL RESOLUTIONCheck one box: ☒ Grievance ☐ Request ☐ Submission not subject to the IGRP process.

The Inmate Grievance and Request Program proposes to informally resolve your grievance or request as follows below. Alternatively, IGRP staff shall provide an explanation for why the submission is not subject to the IGRP process.

It is the determination of IGRP that this submission be modified. He will be provided with a property released form and advised to submit it to Social Services.

Are you satisfied with the proposed resolution?

☐ Yes, I accept the resolution. ☐ No

I request a formal hearing of the Inmate Grievance Resolution Committee within 5 business days from notification of the proposed resolution. I understand that if my submission involves a request to exercise religious beliefs or practices not currently available, then the Committee on Religious Accommodations will review my request

Inmate's Signature:

Date:

Grievance Supervisor's Signature:



Date:

5/25/2016

EXHIBIT

I

EXHIBIT
J

	CORRECTION DEPARTMENT CITY OF NEW YORK	OPERATIONS DIVISION	
	INMATE PROPERTY RELEASE FORM		

Institution: _____ Date: ____/____/____
 Housing Area: _____ NYSID#: _____
 Inmate's Name: _____ Book & Case #: _____

I hereby authorize release of my property as indicated below and issued to the following named person. I understand that the named person may be myself.

Quantity	Description	Receipt Number

PERSON DESIGNATED TO RECEIVE PROPERTY
 Mail out ☐ Pick-up ☐ Self ☐

Name: _____

Address: _____
Number & Street City State Zip Code

Inmate's Signature: _____

Employee's Signature: _____

Deputy Warden for Administration

☐ Approved

☐ Disapproved

Signature: _____ Date: ____/____/____

_____ have received the above Inmate
 property from the New York City Department of Correction.

Identification Presented: _____

Inmate / Designee Name (Print) _____

Inmate / Designee Name (Signature) _____

Date _____

Pro Se Writ Clerks

Attn: Pro Se Office
United States District Court

for the

Eastern District of New York
225 Cadman Plaza East
Room 118S
Brooklyn, NY 11201

8:30 A.M. - 4:45 P.M.

(718) 613-2665

**UNITED STATES DISTRICT COURT
FOR THE
EASTERN DISTRICT OF NEW YORK**

Douglas C Palmer
Clerk of Court

Brenna Mahoney
Chief Deputy

Corey Nguyen
Chief Deputy

Carol McMahon
Chief Deputy



Theodore Roosevelt Federal Courthouse
Emanuel Celler Federal Courthouse
225 Cadman Plaza East
Brooklyn, NY 11201
(718) 615-3270

Alfonse D'Amato Federal Courthouse
100 Federal Plaza
Central Islip, NY 11722
(516) 712-6000

DOCUMENT FILING GUIDELINES FOR PRO SE LITIGANTS

1. Please use 8.5" by 11" paper. Please do not use legal size or random sized paper.
2. Please use staples, binder clips or rubber bands to organize papers for submission. Please do not glue, tape or bind your submission as this will make scanning of your submission more difficult and may delay it being docketed.
3. Please do not use tabs as they make scanning your submission more difficult. Please label exhibits by either (1) labeling the first page of exhibits as Exhibit 1, Exhibit 2, etc. or (2) inserting a piece of paper between exhibits, which paper should contain the exhibit number e.g. Exhibit 1, Exhibit 2, etc.
4. Please use blue or black ink. Please avoid using a pencil (pencil may smear or fade and may not scan clearly).
5. Please number pages.
6. Please have adequate copies collated and properly organized.
7. ~~Do not mail cash for any reason. Please use checks or money orders.~~
8. Please do not submit double sided documents. All submissions should be single sided.
9. Please include the case number and the assigned judges on all documents.
10. Unless otherwise instructed, all documents mailed to the court should be addressed as follows:

Clerk's Office
United States District Court, EDNY
225 Cadman Plaza
Brooklyn, NY 11201
Attention: Pro Se Office

INSTRUCTIONS FOR FILING A CIVIL RIGHTS COMPLAINT

Attached is a complaint form for filing an action under 42 U.S.C. § 1983. Observe the following instructions for completing the complaint:

1. **Caption:** It is very important, if possible, that you state the first and last name of each defendant and badge number, if appropriate. You are required to furnish the correct name and address of each person so that service of process upon each defendant can be made.

2. **Contents:** The form should be fully completed. It can be typewritten or handwritten. It must be legible. If you need more space to answer a question, attach a separate sheet of 8 1/2 by 11 paper to your complaint. You are required to state facts, such as the date and location of the events. You need not make legal arguments or cite to cases. The complaint must have an original (not photocopied) signature by each plaintiff. The complaint need not be notarized.

3. **Copies:** You must send the Court the original complaint and two exact copies (a complete set of three). You should keep another copy for your records. Copies can be xeroxed, handwritten or typewritten, but all copies must be identical to the original.

4. **Fee:** The filing fee is \$400, payable to the Clerk of the Court, USDC, EDNY by certified check, bank check, personal check, money order or cash (if paying in person). If the filing fee is paid, the U.S. Marshal will not be directed to serve the defendants and plaintiff will be responsible for service of process on defendants. Service of the summons and complaint can be made by anyone over the age of 18 who is not a party to the action. See Fed. R. Civ. P. 4. If you are granted *in forma pauperis* status and are a prisoner, the filing fee is \$350 and is payable in installments.

5. **Inability to Pay the Fee:** If you cannot pay the fee, you may apply to the Court to proceed *in forma pauperis* (IFP) pursuant to 28 U.S.C. § 1915 by completing the attached form. If there is more than one plaintiff, each plaintiff must provide a separate declaration in support of the request to proceed *in forma pauperis*. If you are a prisoner, you must also complete the attached Prisoner Authorization form.

6. **Prison's Grievance Procedures:** Prisoners filing an action in federal court regarding prison conditions must first exhaust administrative procedures (such as the prison's grievance procedures). See 42 U.S.C. § 1997e(a). Your case may be dismissed if you have not exhausted your administrative remedies before filing your action in federal court.

When you have completed the forms, mail the original and 2 copies to the:

United States District Court
Eastern District of New York
225 Cadman Plaza East, Brooklyn, NY 11201
Attention: Pro Se Office

or

United States District Court
Eastern District of New York
100 Federal Plaza, Central Islip, NY 11722
Attention: Pro Se Office

Keep this page and a copy of the complaint for your records. You may call 718-613-2665 in Brooklyn or 631-712-6060 in Central Islip if you have questions on how to file your complaint.